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FEC FORM 3

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FE5AN018

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED.

FEC FORM 3

(Revised 02/2003)

2013 APS Tice Clise Chily 8: 34

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing over the lines.	, type 12FE4N5	AFIL GENTER
<u>CArdarelli</u>	FIDIT I COING	11.6.5.5.1.1	<u> </u>	
				
ADDRESS (number and street)	Harra Par	IOMI NO ICT		
▼ Check if different			<u> </u>	
than previously reported. (ACC)	Middletio	<u>wall</u>	الما لنا	1768-
2. FEC IDENTIFICATION NU	JMBER ▼	CITY	STATE A	ZIP CODE
Clo.o.4.8.1.9.	3. IS	THIS NEW PORT (N)	OR AMENDE	STATE V DISTRICT
4. TYPE OF REPORT (Che	pose One) (b) 12-	Day PRE-Election Repo	rt for the:	
(a) Quarterly Reports:		Primary (12P)	· · · · · · · · · · · · · · · · · · ·	PG) Runoff (12R)
April 15 Quarterly F	Report (Q1)	Convention (1	Angel.	. 19090
July 15 Quarterly R	eport (Q2)	.45/21	1	.5)
October 15 Quarter	ly Report (Q3)	ection on	STATE AND A STATE OF THE STATE	in the State of
January 31 Year-En	d Report (YE) (c) 30-	Day POST-Election Rep	ort for the:	_
		General (30G)) Punoff (30I	Special (30S)
Termination Report	'''	ection on		in the State of
5. Covering Period	, 6 i 2 o	through	03'31'	ŽŽŽŽ
I certify that I have examined the	5 , 1	- · · · · · · · · · · · · · · · · · · ·	pelief it is true, correct and	complete.
Type or Print Name of Treasurer	Kichard	John Police	mo, m. ee saa	100 C TOUR ST. WIND, WIND, O. SANDANIA
Signature of Treasurer	BJ 7.5	Zh	Date Date	
NOTE: Submission of false, errone	eous, or incomplete informa	ation may subject the per	son signing this Report to the	e penalties of 2 U.S.C. §437g.